

**MONROEVILLE LOCAL SCHOOL DISTRICT
BOARD OF EDUCATION**

**2019-2020 OPEN ENROLLMENT APPLICATION
(Inter-District)**

- **One application is to be completed for each child to be enrolled.**
- **Applications for inter-district open enrollment are approved for one school year only.**
- **Deadline for applications is June 7, 2019**
- **This application must be returned to Monroeville High School, Attention: Kelly Poths, 101 West St., Monroeville, OH 44847.**

Name of Student _____

Address of Student _____ Date of Birth _____

Mother's Name _____

Mother's Address: _____

Phone _____ Does Mother have legal custody? Yes _____ No _____

Father's Name _____

Father's Address _____

Phone _____ Does Father have legal custody? Yes _____ No _____

District of Residence of Custodial Parent _____

A Registration Packet must accompany this application if you are a new open enrollment applicant.

Has student been suspended more than 10 days in the last school year? Yes _____ No _____

Grade Level of student for the upcoming school year _____ Attending EHOVE? Yes _____ No _____

Is student enrolled in any special education and/or 504 programs? Yes _____ No _____

Reason Open Enrollment is requested _____

My signature indicates that I have read the *Inter-District Open Enrollment Plan, Guidelines, and Stipulations* for Monroeville Local Schools and agree to abide by the procedures and policies that have been established.

Signature of Custodial Parent _____ Date _____

FOR OFFICE USE ONLY:

DATE & TIME RECEIVED _____ **A.M.** _____ **P.M.** _____

Student is new to the District ? **YES** _____ **NO** _____

Was student open enrolled last school year? **YES** _____ **NO** _____

Was student a resident of the district? **YES** _____ **NO** _____

Approved _____ **Non-Approved** _____ **Reason for Non-Approval** _____

Signature of School Official _____ **Date** _____